

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA**FILED**

MAR 21 2008

Petitioner
vs.**APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER**CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY DEPUTY CLERK

Respondent(s)

CASE NUMBER: 2:08 CV 574 LEW KJM

I, CEARIACO CABRELLIS, declare that I am the petitioner in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the petition.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated: ☒ Yes ☐ No (If "No" DO NOT USE THIS FORM)

If "Yes" state the place of your incarceration. OLD FOLSOM STATE PRISON

Have the institution fill out the Certificate portion of this application.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your pay.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe by that item each source of money and state the amount received and what you expect you will continue to receive. Please attach an additional sheet if necessary.

4. Do you have cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount: _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

6. Do you have any other assets? ☐ Yes ☒ No

If "Yes" list the asset(s) and state the value of each asset listed.

7. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

NATHAN FRENCH; SON

GEARIACO CARELLIS V; SON

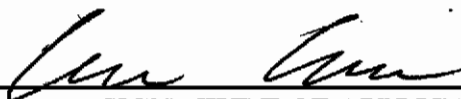
DUE TO INCARCERATION, I CONTRIBUTE ZERO DOLLARS TO THEIR SUPPORT.

ANAIYAN CARELLIS; DAUGHTER

I declare under penalty of perjury that the above information is true and correct.

3-11-08

DATE



SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 7.78 on account to his/her credit at

Folsom State Prison (name of institution). I further certify that during the past six months

the applicant's average monthly balance was \$ 27.89. I further certify that during the past six months the

average of monthly deposits to the applicant's account was \$ 0.

3/12/08

DATE



SIGNATURE OF AUTHORIZED OFFICER

REPORT ID: TS3030 .701

REPORT DATE: 03/12/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
 CALIFORNIA STATE PRISON FOLSOM
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: SEP. 01, 2007 THRU MAR. 12, 2008

ACCOUNT NUMBER : V63705 BED/CELL NUMBER: B2SAT100000021L
 ACCOUNT NAME : CABRELLIS, CEARIACO ACCOUNT TYPE: I
 PRIVILEGE GROUP: B

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
09/01/2007		BEGINNING BALANCE					167.34
10/24	W536	COPAY CHARGE	702062			5.00	162.34
10/30	W415	CASH WITHDRAW	702145 FV	220052569		143.01	19.33
11/26	*DD34	EFT DEPOSIT O	MR4813JPAY		13.50		32.83
12/05	D201	FAMILY VISIT	MR4872 FAM		140.00		172.83
12/05	W501	SHIPPING CHAR	702814			6.72	166.11
12/05	W501	SHIPPING CHAR	702814			4.99	161.12
12/05	W501	SHIPPING CHAR	702814			6.94	154.18

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
10/30/2007	H113	FAMILY VISITING	702145 FAM	6.40
12/05/2007	H113	FAMILY VISITING	MR4872 FAM	140.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 02/11/04 CASE NUMBER: *144018B
 COUNTY CODE: *ALA FINE AMOUNT: \$ 442.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
09/01/2007		BEGINNING BALANCE		412.00
11/26/07	DR34	REST DED-EFT DEPOSIT	15.00-	397.00

REPORT ID: TS3030 .701

REPORT DATE: 03/12/08

PAGE NO: 2

CALIFORNIA STATE PRISON FOLSOM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: SEP. 01, 2007 THRU MAR. 12, 2008

ACCT: V63705

ACCT NAME: CABRELLIS, CEARIACO

ACCT TYPE: I

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
 * IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
167.34	153.50	166.66	154.18	146.40	0.00

CURRENT
AVAILABLE
BALANCE

7.78



THE WITHIN INSTRUMENT IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE
 ATTEST: 3/12/08

CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY *Gregory C. Davis*
 TRUST OFFICE